



Registration Application

Composite Dairy Cattle Registry

P.O. Box 118, Butler, MO 64730

(816) 738-4179

FOR OFFICE USE ONLY

Registration No: _____

Date: _____

www.dairy cattleregistry.com

Name: _____

Name Choice - Please limit your choices to 30 characters or less including prefix and suffix (ET, TW or CL)

If this animal is registered in another Registry, enter name of Registry: _____

Registration number : _____

Date of Birth: _____ Year Letter: _____ Calving Ease: Code _____

Birth Was: -Single -Twin to Cow -Twin to Bull -Embryo Transplant -Clone If Embryo Transplant or Clone box is checked include Embryo Transplant Form with application

Sex of Animal: _____ Color: _____ Horn Status: _____
(Cow | Bull | Steer) (Horned | Polled | Scurred | De-Horned)

Tattoo: Left Ear: _____ Right ear: _____ Herd ID Tag No.: Left Ear: _____ Right Ear: _____ Tag Color: _____

RFID / EID No.: _____ State Metal Tag No.: _____

Brand: _____ Location of Brand: _____ Other ID: _____

If an 840 RFID tag is in the animals ear, then photo(s) are optional.

Please include 1 or 2 clear photos of each side of the animal being registered. Animal must be standing clearly showing side and legs. These photos will be printed on registration papers, showing the actual identity of the animal. One of the photos must show the face.

We recommend that Digital Photos be emailed. Please email to: info@dairy cattleregistry.com (identify the animal in the photos)

Parentage: If sire or dam is not registered, other ID must be used for identification - (RFID / EID or State Metal Tag No. is recommended).

Sire: _____
Name Registration No. Herd or Semen Code No. Breed Association

Dam: _____
Name Registration No. Herd No. Breed Association

Dams Breeding Record:

If animal is result of Artificial Insemination - attach all breeding receipts or report date of service: _____

If animal is result of Natural Service please provide the dates which sire listed had access to dam:

From date: _____ to _____

Owner of Dam at time of Breeding:

Owner Name: _____ Member No.: _____

Address: _____ City, State, Zip _____

Owner of Dam at time of Calving:

Owner Name: _____ Member No.: _____

Address: _____ City, State, Zip _____

As recorded owner or authorized agent of the Dam of this animal at time of birth, (I / we) hereby certify that all information on this registration application is true and correct to the best of my knowledge, and that the Composite Dairy Cattle Registry shall have the privilege to correct and/or cancel this application under the Rules and Regulations of the Registry. By submitting this document, (I / we) hereby agree to be bound by the terms and conditions of the Composite Dairy Cattle Registry.

Owner/Agent Signature: _____ Member No.: _____

Address: _____ Printed Name: _____

City: _____ State or Province: _____ Zip or Postal Code: _____

Phone Numbers: Home (_____) _____ Cell (_____) _____ Fax (_____) _____

E-mail Address: _____

(The Composite Dairy Cattle Registry WILL NOT SHARE your e-mail address)

Name of Animal being Registered

Sire's Sire Name

Registration / ID Number

Date of Birth

Sire Name

Registration / ID Number

Date of Birth

Sire's Dam Name

Registration / ID Number

Date of Birth

Dam's Sire Name

Registration / ID Number

Date of Birth

Dam Name

Registration Number

Date of Birth

Dam's Dam Name

Registration / ID Number

Date of Birth
